## Sign up for Auto-Pay for Water/Wastewater Bill

The City of Mayville Water/Wastewater offers a free service to ACH payments for your monthly utility bill. You will still receive a bill in the mail at the beginning of the month.

The ACH authorizations will of follow.	deduct from your account	on the 16 <sup>th</sup> of th	e month or the business day to
To sign up, please <b>return the</b>	authorization below with	a voided check	(if checking account) to:
City of Mayville Utilities, 400 920.387.7906 x 1224.	Kekoskee Street, Mayville	, WI 53050. Que	stions, please feel free to call
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<u>AUTHORIZAT</u>	ION AGREEMENT – For Pre	e-arranged payn	nents (ACH Debits)
Company Name CITY OF MAYVILLE	Company ID Number <u>39-6005522</u>	Date	UTILITY ACCOUNT #
I (we) hereby authorize The City of (our) checking/savings account ind such account. The authority is to refrom me (or either of us) of its term opportunity to act on it. I (or either as to afford DEPOSITORY a reasonathe right to have the amount of an	of Mayville Utility Department, icated below and the bank nam main in full force and effect until ination in such time and in such of us) has the right to stop paym ble opportunity to act on it prior erroneous debit immediately cr in error to DEOPOSITORY within	ed below, hereinaft COMPANY and DEP manner as to afford ent of debit entry b to charging accour edited to my accou	COMPANY, to initiate debit entries to my er call DEPOSITORY, to debit the same to OSITORY has received written notification COMPANY and DEPOSITORY a reasonable y notification to DEPOSITORY at such time at. After account has been charged, I have not by DEOPOSITORY, provided I (we) send issuance of the account statement or 45
Checking Savings			
BANK NAME	BRANCH	TRAN	NSIT/ROUTING NUMBER
CITY, STATE, ZIP		ACCOUNT NUMBER	
ACCOUNT HOLDER NAME (please print)		ACCOUNT HOLDER NAME (If Joint Account)	
SIGNATURE		SIGNATURE	